

# Political Organization Notice of Section 527 Status

OMB No. 1545-1693

## General Information

1 Name of organization <i>I-CARE PAC</i>		Employer identification number <i>35 2113387</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>P.O. Box 441163</i> City or town, state, and ZIP code <i>Indianapolis, Indiana 46244</i>		
3 E-mail address of organization <i>N.A.</i>		
4a Name of custodian of records <i>I-CARE PAC</i>	4b Custodian's address <i>P.O. Box 441163</i> <i>Indianapolis, Indiana 46244</i>	
5a Name of contact person <i>Ronald W. Wuensch</i>	5b Contact person's address <i>201 N. Illinois St., Suite 1920</i> <i>Indianapolis, Indiana 46204</i>	
6 Business address of organization (If different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

## Purpose

7 Describe the purpose of the organization  
*To provide financial contributions to various persons seeking public office in the state of Indiana.*

## List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<i>Indiana Optometric Assn.</i>	<i>connected</i>	<i>201 N. Illinois St., Ste. 1920</i> <i>Indianapolis, Indiana 46204</i>

RECEIVED IN CORRESP  
JUL 30 2000  
OGDEN, UTAH

14

